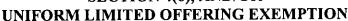
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Amendment No. 24 to FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**



	is an amendment and name has changed, and indicat	te change.)
Lehman Brothers Enhanced Cash Fund Institu		
Filing Under (Check box(cs) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Rule 506	Section 4(6) ULOE
Type of Filing: New Filing	Amendment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the	issuer	
	nent and name has changed, and indicate change.)	
Lehman Brothers Enhanced Cash Fund		07070404
Address of Executive Offices	(Number and Street, City, State, Zip Code)	
605 Third Avenue, New York, NY 10158	(Number and Street, City, State, 21p Code)	(212) 526-7000
005 Tillid Aveilde, New Tork, NT 10150		<u> </u>
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		
Open-end investment company with an investi	ment objective of providing safety of principal, a high	h degree of liquidity and a high level of current
income by investing in a diversified group of l	high quality money market instruments and other sho	rt-term obligations denominated in U.S. dollars.
, , ,		
Type of Business Organization		—————PROCESSE
corporate	limited partnership, already formed	other (please specify):
business trust	limited partnership, to be formed	
- Cashires tras	Month Year	7
Actual or Estimated Date of Incorporation or	Organization: 1 0 0 4	Actual EstimatTHOMSUN
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviation of	
Janourenon of incorporation of Organization	CN for Canada; FN for other foreign jurisdiction)	DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501

et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

		A. BASIC IDENTIFIC	CATION DATA		
2. Enter the information requ	ested for the follo	owing:			
Each promoter of the is	ssuer, if the issue	r has been organized withi	n the past five years;		
 Each beneficial owner securities of the issuer. 		r to vote or dispose, or di	rect the vote or dispositi	ion of, 10% or more	e of a class of equity
Each executive officer	and director of co	orporate issuers and of cor	porate general and manag	ging partners of part	nership issuers; and
 Each general and mana 	iging partner of p	artnership issuers			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if ir Neuberger Berman Managemen					
Business or Resident Address	•	cet, City, State, Zip Code)			
605 Third Avenue, New York, I	<u> </u>				7.0 1.1
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director L	General and/or Managing Partner
Full Name (Last name first, if in Rivkin, Jack	ndividual)				
Business or Resident Address 605 Third Avenue, New York, I	•	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if in Sundman, Peter	ndividual)			,	
Business or Resident Address 605 Third Avenue, New York,	•	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if in Conti, Robert	ndividual)				
Business or Resident Address 605 Third Avenue, New York,	`	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if it	ndividual)				
Business or Resident Address	(Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if it	ndividual)				
Business or Resident Address	(Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if it	ndividual)				
Business or Resident Address	(Number and Str	reet, City, State, Zip Code)			
	(Use blank she	et, or copy and use addition	al copies of this sheet, as n	ecessary.)	

B. INFORMATION ABOUT OFFERING	
B. INFORMATION ABOUT OFFERING	Yes No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in his offering?	
Answer also in Appendix, Column 2, if filing under ULOE.	
2. What is the minimum investment that will be accepted from any individual?	\$ <u>10,000,000 (1)</u>
	Yes No □
3. Does the offering permit joint ownership of a single unit?	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any sion or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or s list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a b or dealer, you may set forth the information for that broker or dealer only	itates,
Full Name (Last name first, if individual) Lehman Brothers Inc.	
Business or Residence Address (Number and Street, City, State, Zip Code) 399 Park Avenue, New York, NY 10022	
Name of Associated Broker or Dealer	
State in Which Person Listed Has Solicited or Intends to Solicit Purchases	
(Check "All States" or check individual States)	All States
TILL TINL TIAL TKS] TKY] TLAL TMEL TMDL TMAL TML TML	GA
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
State in Which Person Listed Has Solicited or Intends to Solicit Purchases	_
(Check "All States" or check individual States)	All States
	GA] [[HI] [[ID] [] MN] [[MS] [[MO] []
IMTI CINETI CINETI CINUTI CINHI CINITI CINMI CINYI CINCI CINDI CIN	OK] 🗍 [OR] 🗌 [PA] 🗍
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] [
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
State in Which Person Listed Has Solicited or Intends to Solicit Purchases	
(Check "All States" or check individual States)	All States
	GAI [] [HI] [] [ID] []
[MT] [NE] [NV] [NH] [NJ] [NM [NY] [NC] [ND] [OH] [0	MN]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange		
	and already exchanged. Type of Security	Aggregate Offering Pric	
	Debt	_	
	Equity		
	Common Preferred	Ψ <u> </u>	Ψ
	Convertible Securities (including warrants)	¢	\$
	Partnership Interests		
	Other (Specify Shares of Delaware statutory trust)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	<u>\$ (00 billion (2)</u>	\$ 1,545,650,456
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	_50	\$ <u>1,543,830,438</u>
	Non-accredited Investors	0	\$ <u>0</u>
	Total (for filings under Rule 504 only)	50	\$ <u>1,543,830,438</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		S
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate		
	Transfer Agent's Fees		\$ <u>0</u>
	Printing and Engraving Costs		∑ \$ <u>17,000</u>
	Legal Fees		\$ <u>50,000</u>
	Accounting Fees		\$ 40,000
	Engineering Fees		S <u>0</u>
	Sales Commissions (specify finders' fees separately)		□ \$ <u>0</u>
	Other Expenses (identify)		\$ <u>913,000</u>
	Total		\$ <u>1,020,000 (3)</u>

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	C. OFFERING PRICE, IN	UNIDER OF INVESTORS, EXPENSES AND	יפט ע	E OF PROCEEDS	
	b. Enter the difference between the aggregate tion 1 and total expenses furnished in respon "adjusted gross proceeds to the issuer."	se to Part C - Question 4.a. This difference	is th	ne 	\$ 99,998,980,000
5.	Indicate below the amount of the adjusted grused for each of the purposes shown. If the estimate and check the box to the left of the estimate adjusted gross proceeds to the issuer set forth	amount for any purpose is not known, furr stimate. The total of the payments listed mus	n		
				Payments to Officers, Directors & Affiliates	Payment to Others
	Sales and fees		П	s 🗆	\$(5)
	Purchase of real estate			\$ □	
	Purchase, rental or leasing and installation of ma			\$ □	
	Construction or leasing of plant buildings and fac			s	
	Acquisition of other business (including the valu	e of securities involved in this			
	offering that may be used in exchange for the ass		П	.	l e
	issuer pursuant to a merger)			\$ □ \$ □	\$ \$
	Working capital			\$ [_] \$ [_]	\$
	v ,			\$	
	Other (specify): Trading Capital				\$
	omer (specify). Trading Capital				Ψ
	Column Totals				\$
	Total Payments Listed (column totals added)			\$ 99,998,98	80,000 (5)(2)
		D. FEDERAL SIGNATURE			
The sig	e issuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to commation furnished by the issuer to any non-accre	y the undersigned duly authorized person. If thi furnish to the U.S. Securities and Exchange Cordited investor pursuant to paragraph (b)(2) of Reference in the control of	s noti nmiss ule 50	ice is filed under Rule 50 sion, upon written reques 02.	95, the following st of its staff, the
	uer (Print or Type)	Signature		Date	
Lel	nman Brothers Enhanced Cash Fund	A CONTRACTOR OF THE PARTY OF TH		7/14	0/07
Na	me of Signer (print or Type)	Title of Signer (Print or Type)		\ <u> </u>	
	er E. Sundman	President			
(1)	Subject to reduction by the Investment Manage	r at its discretion.			
(2)	This is an estimated offering amount. The mini continuous offering. Item 5 reflects the amount				
(3)	The amounts stated are the estimated expenses of	over the course of the offering.			
(4)	Aggregate Dollar Amount of Purchases is net o	f redemptions.			
(5) the	The Investment Manager will receive an adviso Investment Manager otherwise agrees to return a	ory fee of 0.14% of its proportionate share of the portion of its fees pursuant to criteria set forth i			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 16

	E. STATE SIGNATURE	
- •	30.262 presently subject to an of the disqualification pro	
	See Appendix, Column 5, for state respon	
2. The undersigned issuer hereby un Form D (17 CFR 239.500) at such	dertakes to furnish to any state administrator of any state law.	tate in which this notice is filed, a notice on
3. The undersigned issuer hereby un issuer to offerees	dertakes to furnish to the state administrators, upon w	ritten request, information furnished by the
limited Offering Exemption (ULC	that the issuer is familiar with the conditions that mu DE) of the state in which this notice is filed and unders of establishing that these conditions have been satisfic	stands that the issuer claiming the availability
The issuer has read this notification a undersigned duly authorized person.	nd knows the contents to be true and has duly caused	this notice to be signed on its behalf by the
Issuer (Print or Type) Lehman Brothers Enhanced Cash Fund	Signature	Date 7/16/07
Name (print or Type)	Title (Print of Type)	
Peter E. Sundman	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					APPENDIX				
1	Intend to non-actinvestors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK								ļ <u></u>	
AZ									<u> </u>
AR						<u> </u>		ļ	
CA									<u> </u>
СО									
CT		Х	Shares of DE Statutory Trust	19	\$127,137,326	0	\$0		х
DE									
DC	-					ļ			
FL		Х	Shares of DE Statutory Trust	2	\$11,932,812	0	\$0		X
GA		_				<u> </u>			
HI	ļ <u>.</u>					<u> </u>			-
ID									
IL	_	х	Shares of DE Statutory Trust	2	\$205,935,736	0	\$0		x
IN		ļ				-		<u> </u>	
IA									-
KS		х	Shares of DE Statutory Trust	2	\$272,611,715	0	\$0		X
KY								<u> </u>	
LA			 				<u> </u>		
ME	<u> </u>								
MD	<u> </u>								
MA									
MI		х	Shares of DE Statutory Trust	1	\$7,200,984	0	\$0		x
MN		x	Shares of DE Statutory Trust	5	\$83,000,000	0	\$0		x
MS		<u> </u>							
МО	1		<u> </u>				<u> </u>	L	

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	APPENDIX									
1	to non-ac	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualif under Stat (if yes, a explanat waiver gr (Part E-I	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
МТ										
NE										
NV				_	<u>.</u>					
NH									ļ	
NJ		х	Shares of DE Statutory Trust	1	\$12,985,891	0	\$ 0		x	
NM										
NY		Х	Shares of DE Statutory Trust	17	\$817,579,691	0	\$0		х	
NC										
ND										
ОН										
ОК										
OR										
PA										
RI								ļ		
SC			ļ						<u> </u>	
SD	<u> </u>							<u> </u>		
TN										
TX										
UT								ļ		
VT								ļ		
VA		х	Shares of DE Statutory Trust	1	\$5,446,283	0	\$0	ļ	x	
WA								<u> </u>	<u> </u>	
WV									-	
WI									ļ	
WY										
PR			<u> </u>					<u></u>		

